

LOUISIANA OFFICE OF FINANCIAL INSTITUTIONS
8660 United Plaza Boulevard, 2nd Fl.
Baton Rouge, LA 70809
(225) 925-4660

FINGERPRINT CARD INFORMATION

Act 236 of the 2006 Regular Session of the Louisiana Legislature amended LSA-R.S. 6:121.2 effective June 2, 2006. This section authorizes the Commissioner of Financial Institutions to request and obtain state and national criminal history record information on any person applying for any license with the Office of Financial Institutions, as well as require any applicant for any license to submit two full sets of fingerprints in a form or manner prescribed by the Commissioner as a condition of the Commissioner's consideration of their application.

WHO MUST SUBMIT FINGERPRINT CARDS

- 1) **Owner(s):** Sole Proprietors; partners and general partners, if partnership; trustees; members and general members, if an LLC; and 10% or greater equity owners.
- 2) **Director(s):** All directors.
- 3) **Officer(s):** Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, President, Executive Vice President(s), Corporate Secretary, Treasurer, or other individuals of similar status or function.
- 4) **Mortgage Loan Originators:** All originators, unless exempt under LSA-R.S. 6:1087.

<p>NOTE: <i>Louisiana residents or persons listed in Question 16 of the Uniform Application who have had a license since June 2001 are not required to submit fingerprint cards at this time.</i></p>
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WHAT MUST BE SUBMITTED

- 1) Two original Form FD 258 fingerprint cards, or equivalent, which can be obtained from your local law enforcement office. All information on these cards must be completed. Louisiana State Police will not process incomplete cards. Incomplete cards will be returned.
- 2) Louisiana State Police Bureau of Criminal Identification and Information Form. All information on this form must be completed. Louisiana State Police will not process incomplete forms. Incomplete forms will be returned. (Form attached).
- 3) \$50 nonrefundable criminal background processing fee made payable to the Office of Financial Institutions. (This fee is in addition to the application fee.)
- 4) Completed Authority to Obtain Information from Outside Sources form, signed and notarized (included in application package).

<p>IMPORTANT NOTICE</p>

<p>Applicants submitting fingerprint cards that are smudged or unreadable will be required to resubmit new cards at no additional cost. This will add to the processing time of the application.</p>

**Louisiana State Police
Bureau of Criminal Identification and Information
Baton Rouge, Louisiana**

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****

*****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION*****

******PLEASE PRINT******

Louisiana Office of Financial Institutions

FACILITY OR AGENCY

Robert F. Brian

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

P.O. Box 94095

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge,

CITY

Louisiana

STATE

70804

ZIP CODE

(225) 925-4660

FACILITY OR AGENCY PHONE NUMBER

Request For: (pick one only)

- ☐ ADULT DAY CARE
- ☐ ADULT RESIDENTIAL
- ☐ ALCOHOL AND BEVERAGE COMMISSION
- ☐ ALCOHOL BEVERAGE OUTLET
- ☐ AMBULANCE SERVICE
- ☐ CASA
- ☐ CONCEALED HANDGUNS
- ☐ CRIMINAL JUSTICE EMPLOYEE
- ☐ DAYCARE
- ☐ DENTISTRY BOARD
- ☐ DEPARTMENT OF LABOR
- ☐ DEPARTMENT OF PUBLIC SAFETY
- ☐ EMPLOYERS
- ☐ FIREFIGHTERS
- ☐ GAMING
- ☐ HOME HEALTH AGENCY
- ☐ HOSPICE
- ☐ IMMIGRATION
- ☐ INTERMEDIATE CARE FACILITY FOR
MENTALLY RETARDED
- ☐ JUVENILE DETENTION CENTER
- ☐ DEPARTMENT OF INSURANCE
- ☐ MANUFACTURED HOUSING

- ☐ MEDICAL EXAMINERS
- ☐ NURSING HOME
- ☐ OCS FOSTER/ADOPTIVE
- ☐ OCS PERSONNEL
- ☒ **OFFICE OF FINANCIAL INSTITUTIONS**
- ☐ OFFICE OF PUBLIC HEALTH
- ☐ PHARMACY BOARD
- ☐ POSTSECONDARY EDUCATION
- ☐ PRACTICAL NURSING
- ☐ PRIVATE ADOPTION
- ☐ PRIVATE INVESTIGATORS
- ☐ PRIVATE SECURITY
- ☐ PUBLIC HOUSING
- ☐ PUBLIC TAG AGENT
- ☐ REGISTERED NURSING
- ☐ RELIGIOUS ACTIVISTS
- ☐ RIVERBOAT PILOTS
- ☐ SCHOOL
- ☐ SENATE AND GOVERNMENTAL AFFAIRS
- ☐ TAXI DRIVERS
- ☐ USED MOTOR VEHICLE COMMISSION
- ☐ VOLUNTEERS WORKING WITH CHILDREN

APPLICANTS FULL NAME: _____

****PRINT – USE INK****

LAST

FIRST

MIDDLE

{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # ____ - ____ - ____

DATE OF BIRTH: __ / __ / __

DRIVERS LICENSE # _____ **& STATE** _____ **RACE** _____ **SEX** _____

TYPE OF OFI LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.